Some of us have a special opportunity, and I am so happy to share the “insider” view from both sides of the surgeon’s mask. Listening to both patients and surgeons is a privilege. Most of us surgeons have had “the shoe on the other foot” as patients in one way or another, and several bariatric surgeons have actually had bariatric surgery ourselves. We recognize that our views on rewards and risks with surgery are not all the same, and I hope to give you the full picture from the patient and surgeon perspective.

When I attended patient support groups, I found that patients usually only share a portion of their questions in public, and that can leave others wondering if they have similar questions. It can become even more difficult to ask your surgeon any questions because the disease of obesity is complex, and they may not have the black and white answers that you seek.

I think as patients and surgeons, we have to EMBRACE the idea that we are all working for the same basic goal: What is the best long-term result for each patient? That goes far beyond just measuring weight-loss and is best defined by the patient’s perceived quality of life. Safety in the long and short-term is a key part of that, but we have to understand together that there is no such thing as guaranteed safe.

This is where it starts to get complicated. Risk versus reward. We spend a lot of time trying to show the balance and find the right fit. We all want results, and with no problems at all if possible.
Below, I’ve created a chart of the risks and rewards from having bariatric surgery as well as some of the questions you may have.

**UNREALISTIC EXPECTATIONS AND MISCONCEPTIONS THAT PATIENTS MAY HAVE**

- “Give me the best option available for weight-loss.”
- “I want to be a normal weight and have a normal appetite.”
- “Cure this disease instead of managing it.”
- “Weight-loss surgery complications can’t happen to me.”
- “Any problems after surgery will mean that it was a failure.”
- “This is the most important thing in life to me, and I will do everything you say.”

Some of these misconceptions are understandable because people often feel judged and are prepared for rejection. Not showing weakness can get you through to surgery with minimal delay, but often misses the opportunity to start on changes well ahead of surgery. It can be really empowering, and I especially see it in our sleep apnea patients who get so much better rest with Continuous Positive Airway Pressure Therapy (CPAP) (and have safer surgery once they are on it for a month) and in patients who get their diabetes “tuned up” before surgery. Patients often worry that caregivers are going to ask the impossible, so the patient promises the impossible!

We all have to recognize that perfection is noble to pursue, but human beings are expected to have some bad days. Don’t kick yourself when you stumble. Failure only comes if you stop trying again tomorrow!
WHAT DO PEOPLE LOVE ABOUT THEIR “NEW LIFE” AFTER SURGERY?

**Appetite Control** – The monster turns into a Muppet! It is a huge relief to know that a “regular” amount of food will more than fill you up, and that hunger won’t come back nearly as fast as before. Food also becomes more of a commodity, or just “fuel” rather than a source of pursuit. It is still enjoyable, but less of a bother.

**Health** – This includes better diabetes management, blood pressure control and the chance to come off CPAP and many medications. There is much less worry about leaving family prematurely, or decreased quality of health that seemed unavoidable before surgery.

**Mobility** – This is the ability to wake up in the morning and go! You may be able to enjoy activities that have been impossible or difficult for years. This feeling is amazing, like being set free in the world.

**Comfort in Clothing** – It’s just nice to feel less binding and there are a lot more choices!

**Social Acceptance** – There may be a change in the way you are treated at work and in day-to-day life, especially when meeting new people.

**Improved Sexual Energy** – This is one of many ways your lifestyle can feel like “rolling years back off the clock.”

**Better Self-care Overall** – In many patients, surgery and rapid weight-loss are key to empowerment and “rebooting” for a new start.

**Lifelong Commitment** – This is when you realize that your new start needs a sustainable life beyond surgery. It can be a tough transition between years one and two as we have to get back to “real” life, and the surgery journey needs to become a part of the daily fabric of our lives. The “special” part fades a bit.

DRAMA, DISASTER, PANIC, OH MY!

**Death on the Operating Room (OR) Table** – This is extremely rare. It happens on TV a lot more than in real life. Most people who die in the OR are dying when we start a trauma or they are an acute critical care case. The time for you to worry a bit more is in the first 30 days after surgery. Blood clots (and other things) can kill, but usually don’t if caught early and treated early. Don’t be shy about going to the ER and read your discharge instructions. Go ahead and fret, but don’t freak out!

**Divorce and Relationship Stress** – Relationships that are strongly committed may experience stress, but are usually able to cope with change. Relationships that are based on shame and emotional abuse usually end up with someone “escaping” once they become empowered. Communication and patience are key, as even good change can require a whole new set of challenges. Some people are truly overwhelmed in the first year. Sometimes victory is just hanging on by your fingernails!

**Hair Falls Out and Skin Sags Terribly** – Everyone has hair thinning in the first 3-12 months, but it is almost universally back to baseline by 18 months, regardless of any supplements beyond the routine. Do not spend a lot of extra money – just stay on track! Many people do get skin removal operations, but far more find that there is much more shrinkage by 18 months than they ever would have guessed at the 12-month mark.

**Loss of Emotional Comfort Eating** – There still can be comfort in food, but it is different. It is a misconception that all overeating is “stuffing our feelings” or “numbing”. More frequently, overeating is from hunger and the habit. The “feelings” are mostly shame as we beat ourselves up for the “naughty” eating and feeling powerlessness against the disease.

**Addiction Transfer** – This does happen, but it is very rare. There are a few folks who are unlucky enough to need formal treatment for an addictive personality. Most of them already had other addictive behaviors before surgery. The concept that all people with obesity are food addicts is not much truer than saying we are all addicted to oxygen.
SAME LIFE IN DIFFERENT SIZED CLOTHES

**Regular Exercise** – It is work, even for those who love it! Muscle loss and inactivity are a deadly trap, even at a lower weight. Even the most limited patients can address “frailty” if they have the right approach. Chronic pain can be tough to move with, but movement often makes a huge difference over time.

**Food Plan** – Even our thinner friends pay attention to their daily food intake. Some structure is needed, but it doesn’t have to be a rigid plan. Everyone has their own set of “rules” that work for them and no one is perfect. Those who have insight or awareness into their challenges can make a plan alone, with support from caregivers or supporters. Resourcefulness is the ability to put a plan into action and overcome barriers that occur. And if the plan fails, identify that and learn!

**New Medical Problems, Especially Osteoporosis** – Bowel obstructions, gallbladder problems, etc. can happen late. If severe symptoms happen, don’t delay evaluation.

**Weight Regain** – This is a worry for every patient. Some live at least 10 pounds above their lowest weight, and it’s tough to reach your “dream goal” weight. Follow your number on the scale, but don’t make it the enemy. It is only one measure of health, and is NO measure at all of your worth or your effort!

All medical issues need to be tracked with primary and appropriate specialty professionals. Many people still need CPAP, or need it again after a few years off. Don’t assume that your previous medical issues are normal forever as they can come back.

**Conclusion:**

Many surgeons feel joy as they are improving the lives of their patients. The science and surgical care to treat the disease of obesity is rewarding, and the opportunity to make a difference is a privilege. Some of my most thankful patients are the ones who had complications, and love that the care team stuck with them through the tough times. Just know that you are not alone in this process and it is important to practice patience. This is a long journey, with many insights and challenges along the way. Allow yourself to evolve in self-care and not stress about what you “should” be doing. Instead, focus on what you can realistically do in your very real body, with your very real DNA, in your very real life situation. All care is a compromise, but progress is real. I see it every day!

**About the Author:**
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